

R381-70-12. CHILD GUIDANCE AND INTERACTION.

This section of rules deals with appropriate methods of guiding and interacting with children and explains the types of interactions that are not allowed. The relationships and interactions between the children and all those involved with them is of utmost importance.

Caregivers/teachers should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. CFOC 4th ed. Standard 2.2.0.6 p.p. 73-74.

- (1) The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.**

Rationale/Explanation

Properly executed reference checks, as well as in-person interviews, help seek out and prevent possible child abuse from occurring in child care centers. The use of open-ended questions and requests for verbal references require personal conversations and, in turn, can uncover a lot of warranted information about the applicant. CFOC 4th ed. Standard 1.2.0.2 p.p. 10.

Serious physical abuse sometimes occurs when the caregiver/ teacher is under high stress. Too much stress can not only affect the caregiver's/teacher's health, but also the quality of the care that the adult is able to give. A caregiver/teacher who is feeling too much stress may not be able to offer the praise, nurturing, and direction that children need for good development (3). Regular breaks with substitutes when the caregiver/teacher cannot continue to provide safe care can help ensure quality child care. CFOC 4th ed. Standard 1.7.0.5 p.p. 45.

The physical layout of facilities should be arranged so that there is a high level of visibility in the inside and outside areas as well as diaper changing areas and toileting areas used by children. The presence of multiple caretakers greatly reduces the risk of serious abusive injury. Maltreatment tends to occur in privacy and isolation, and especially in toileting areas. CFOC 4th ed. Standard 3.4.4.5 p.p. 135.

Compliance Guidelines

CCL will investigate all allegations of child abuse and neglect in child care programs through Complaint Investigations and report suspected abuse or neglect as required by law. A substantiated allegation of abuse or neglect will be on the provider's public record.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

- (2) The provider shall inform parents, children, and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.

Rationale/Explanation

Children have to be taught expectations for their behavior if they are to develop internal control of their actions. The goal is to help children learn to control their own behavior. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and should not just occur in response to a problem behavior. Rather, the adult's guidance helps children respond to difficult situations using socially appropriate strategies. To develop self-control, children should receive adult support that is individual to the child and adapts as the child develops internal controls. CFOC 4th ed. Standard 2.2.0.6. pp. 73-74.

Every child is different, but experts have a clear idea about the range of normal development and characteristics of children of different ages. Below are examples of typical behaviors of children of different ages.

| School Age Children 5-12 year olds | |
|--|---|
| Behavior Expectations | Positive Guidance |
| Five to nine year old <ul style="list-style-type: none">• Developing skills like pouring from a pitcher and setting the table.• Cares a great deal about what is fair.• Experiences emotional extremes and contradictions.• Often eager to please others. They want to make friends and receive positive responses from adults.• Engages in cooperative play, child plays with others and has interest in the other children and shared activity.• They may experiment with lying. | <ul style="list-style-type: none">• Set clear expectations through verbal explanations and posted class rules.• Physically redirect by asking children to take breaks or directing them to a different area or activity when frustrated.• Verbally redirect by restating expectations and guiding children through navigating a conflict.• Model desired behaviors, actions and phrases.• Praise and positive reinforcement to encourage desirable behaviors.• Praise effort, not outcome. For example: "Great job taking a break when you were frustrated". |

- Develop long attention spans and are able to handle more complicated projects and tasks.
- Begin to differentiate between real and imaginary around age six and may be more interested in doing “real” things.
- Major gross motor development continues through age eight.
- Demonstrate intense curiosity.
- Handle quick transitions and change more easily.
- Become self conscious and even self critical.

Ten to twelve year old

- Privacy is an important part of healthy development and a child’s need for it may show up as children creating secret codes and passwords.
- Embrace clubs, teams and cliques as they begin to understand the idea of a group identity.
- As children enter puberty they become more concerned with physical appearance.
- Test boundaries and push back on rules due to peer influences.
- Need for acceptance and approval from peers and their developing frontal cortex can lead to risk taking behavior and impulsiveness.
- May be filled with anxiety.
- Solidifies independence from parents and caregivers, but wants approval from adults.
- Concerned with fairness and justice.

- Be consistent.
- Continue to provide opportunities for gross motor and physical play.
- Consequences should be logical to the child’s actions.
- Provide opportunities for children to play creatively (free form block sets, dolls, costumes, and open ended art).
- Promote independence and responsibility by offering a wider variety of choices and providing opportunities for children to do classroom tasks or jobs wherever possible.
- Model healthy body image. Caregivers should avoid comments that criticize your own body or others, and set an example of healthy eating habits.
- Offer freedom and autonomy when possible. For example, if a child doesn’t want to participate in the group activity give them the option of reading a book instead. It’s often not about the activity, but a child needing to assert their control over themselves and their surroundings. It’s better to deescalate by giving the child choice when possible.
- Respond to children in a predictable way.
- Show warmth and sensitivity.
- Maintain a regular routine or schedule.

Compliance Guidelines

- The provider may inform staff, parents, and children of the program’s behavioral expectations

in a variety of ways, such as making the information part of the orientation for new enrolling parents, putting it in a parent handbook, or posting it on a parent bulletin board.

Risk Level

Low

Corrective Action for 1st Instance

Warning

- (3) The provider shall ensure that individuals who interact with the children guide children's behavior by using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.**

Rationale/Explanation

Discipline is best received when it includes positive guidance, redirection, and setting clear-cut limits that foster the child's ability to become self-disciplined. In order to respond effectively when children display challenging behavior, it is beneficial for caregivers/teachers to understand typical social and emotional development and behaviors. Discipline is an ongoing process to help children develop inner control so they can manage their own behavior in a socially approved manner.

Children's ability to manage their own behaviors is supported when caregivers:

- Have a positive relationship with the children.
- Expectations should be developmentally appropriate.
- Adapt the physical indoor and outdoor learning environment to encourage positive behavior and self regulation.
- Create a predictable daily routine and schedule.
- Modify routines, activities and transitions to support children's appropriate behavior.
- Use encouragement and descriptive praise to point out appropriate behaviors.
- Show children positive alternatives.
- Set clear, direct, and simple limits.
- Model desired behaviors.
- Use planned ignoring and redirection. Certain behaviors can be ignored while at the same time the adult redirects the child to another activity.
- Individualize discipline based on the individual needs of children.

CFOC 4th ed. Standard 2.2.0.6 p.p. 73-74.

- (4) The provider shall ensure that caregivers use gentle, passive restraint with children only when it is needed to protect children from injuring themselves or others, or to stop them from destroying property.**

Rationale/Explanation

It should never be necessary to physically restrain a typically developing child unless his/her safety and/or that of others are at risk. When a child with special behavioral or mental health issues is enrolled who may frequently need the cautious use of restraint in the event of behavior that endangers his or her safety or the safety of others, a behavioral care plan should be developed with input from the child's primary care provider, mental health provider, parents/guardians, center director/ family child care home caregiver/teacher, child care health consultant, and possibly early childhood mental health consultant in order to address underlying issues and reduce the need for physical restraint. CFOC 4th ed. Standard 2.2.0.10 p.p. 79.

[The Crisis Prevention Institute](#) offers training and certifications in nonviolent crisis intervention which includes safe restraint. Though experts agree, the only truly safe restraint is the one that never occurs. Restraint reduction is a goal for all programs that are committed to safely managing agitated behavior and dedicated to providing person centered care. Caregivers who use gentle passive restraint should be trained in:

- Recognizing the warning signs of escalating behavior.
- Verbal and nonverbal de-escalation techniques to prevent behaviors from progressing.
- Identifying triggers that cause a child to act out.
- Last-resort methods for intervening physically with as little potential for harm as possible.
- Recognizing signs of distress.
- Documenting incidents.
- Establishing and re-establishing strong and supportive relationships with students.

Compliance Guidelines

- Caregivers use positive guidance, redirection and de escalation before resorting to physically restraining a child.
- Gentle, passive restraint is only used to protect the health and safety individuals in the facility from physical injury, or damage to property.

(5) The provider shall ensure that interactions with the children do not include:

- (a) any form of corporal punishment or any action that produces physical pain or discomfort such as hitting, spanking, shaking, biting, or pinching;
- (b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- (c) shouting at children;
- (d) any form of emotional abuse;
- (e) forcing or withholding food, rest, or toileting; or
- (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale/Explanation

Child care programs must not tolerate, or in any manner condone, an act of abuse or neglect of a child. The following behaviors by an older child, caregiver/teacher, substitute or any other person employed by the facility, volunteer, or visitor should be prohibited in all child care settings:

- a. The use of corporal punishment/physical abuse (punishment inflicted directly on the body), including, but not limited to
 1. Hitting, spanking (striking a child with an open hand or instrument on the buttocks or extremities with the intention of modifying behavior without causing physical injury), shaking, slapping, twisting, pulling, squeezing, or biting
 2. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures
 3. Forcing and/or demanding physical touch from the child
 4. Compelling a child to eat or have soap, food, spices, or foreign substances in their mouth
 5. Exposing a child to extreme temperatures
- b. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised
- c. Binding or tying to restrict movement, such as in a car seat (except when traveling) or taping the mouth
- d. Using or withholding food as a punishment or reward
- e. Toilet learning/training methods that punish, demean, or humiliate a child
- f. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child
- g. Any form of sexual abuse (Sexual abuse in the form of inappropriate touching is an act that induces or coerces children in a sexually suggestive manner or for the sexual gratification of the adult, such as sexual penetration and/ or overall inappropriate touching or kissing.)
- h. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family
- i. Any form of public or private humiliation, including threats of physical punishment (2)
- j. Physical activity/outdoor time taken away as punishment Children should not see hitting, ridicule, and/or similar types of behavior among staff members. CFOC 4th ed. Standard 2.2.0.9 p.p. 78.

A child could be harmed if not restrained properly. No bonds, ties, blankets, straps, car seats, or heavy weights (such as an adult sitting on a child), or abusive words should be used. CFOC 4th ed. Standard 2.2.0.10 p.p. 79.

Modeling is an effective way of confirming that a behavior is one to be imitated.

Caregivers/teachers are important in the lives of the young children in their care. They should be educated and supported to be able to interact optimally with the children in their care. CFOC 4th ed. Standard 2.4.1.2 p.p. 87.

Time-out (also known as temporary separation) is one strategy to help children change their behavior and should be used in the context of a positive behavioral support approach which works to understand undesired behaviors and teach new skills to replace the behavior. Listed below are guidelines when using time-out:

- a. Time-outs should be used for behaviors that are persistent and unacceptable, used infrequently and used only for children who are at least two years of age. Time-outs can be considered an extended ignore or a time-out from positive reinforcement;
- b. The caregiver/teacher should explain how time-out works to the child BEFORE they use it the first time. The adult should be clear about the behavior that will lead to time-out;
- c. When placing the child in time-out, the caregiver/teacher should stay calm;
- d. While the child is in time-out, the caregiver/teacher should not talk to or look at the child (as an extended ignore). However, the adult should keep the child in sight. The child could 1) remain sitting quietly in a chair or on a pillow within the room or 2) participate in some activity that requires solitary pursuit (painting, coloring, puzzle, etc.) If the child cannot remain in the room, s/he will spend time in an alternate space, with supervision;
- e. Time-outs do not need to be long. The caregiver/teacher should use the one minute of time-out for each year of the child's age ;
- f. The caregiver/teacher should end the time-out on a positive note and allow the child to feel good again. Discussions with the child to "explain WHY you were in time-out" are not usually effective;
- g. If the child is unable to be distracted or consoled, parents/ guardians should be contacted. How to respond to failure to cooperate during time-out: Caregivers/teachers should expect resistance from children who are new to the time-out procedure. If a child has never experienced time-out, they may respond by becoming very emotional. Time-out should not turn into a power struggle with the child. If the child is refusing to stay on time-out, the caregiver/teacher should give the child an if/then statement. For example, "if you cannot take your time-out, then you cannot join story time." If the child continues to refuse the time-out, then the child cannot join story time. Note that children should not be restrained to keep them in time-out. CFOC 4th ed. Standard 2.2.0.6 p.p. 74.

Compliance Guidelines

- Licensing staff will require that any inappropriate or abusive interactions with children be immediately stopped, if observed during an inspection.

Examples of inappropriate interactions include:

- Jerking, pulling, lifting or swinging a child by the arm(s) which can cause a partial dislocation of the elbow, also referred to as nursemaid's elbow.
- Squirting a child with water, or putting hot sauce or soap in a child's mouth.
- Placing a child in a harness or leash which is considered restraining a child's movements.
- A provider's use of profanity in the presence of a child.
- Using humiliation to discipline a child, such as putting an older child in a highchair or crib, or putting an older child in a younger classroom to make the child look like a "baby."
- A special treat or snack is withheld as a discipline measure.
- An awake child is forced to rest for more than 30 minutes with no other activity being provided for the child. For example, requiring an awake child to lie on a mat for more than 30 minutes with nothing else to do is considered out of compliance. However, having the child rest on a mat for more than 30 minutes may be appropriate if the child is provided with books or a similar quiet activity.
- Forcing a child to cover their head during rest or nap time.

The following are not rule violations:

- Refraining from offering dessert when a child does not finish their meal (although it is not best practice to use food as a reward for finishing other food).
- Offering treats when potty training a child.
- Swaddling a child unless it is used as a form of discipline.
- Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, and it is not done to humiliate or demean a child.
- Shouting to a child in an emergency situation where there is imminent danger of serious physical harm (for example, shouting to prevent a child from running into the street).

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

- (6) Any individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in state law.**

Rationale/Explanation

The facility should report any instance in which there is reasonable cause to believe that child abuse and/or neglect has occurred to the child abuse reporting hotline, department of social services, child protective services, or police as required by state and local laws. CFOC 4th ed. Standard 3.4.4.1 p.p. 132-133.

For more information about preventing abuse and neglect, refer to:

- [Prevent Child Abuse Utah](#)
- [Caring for our Children 4th ed.](#) Appendix M and N. pp. 494-499
- [Prevent Child Abuse America](#)

Compliance Guidelines

- If a person has reason to believe that abuse or neglect has occurred, it must be reported. If witnessed or suspected, abuse or neglect should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237, or to law enforcement. An individual is in violation of law and is out of compliance with this rule if they do not report, or if they only report to an attorney, owner, director, their supervisor, or only to CCL.
- It is acceptable if an employee discusses suspected abuse with the provider before reporting and together they determine that abuse is or is not suspected. For example, the provider may know that a child's injury was from a fall and not due to abuse, and gives that information to the employee. However, if abuse or neglect is suspected, reporting it to a supervisor does not replace the requirement to report to DCFS.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning